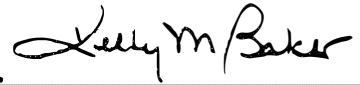


EXHIBIT 1

CERTIFICATE OF LIVE BIRTH

STATE OF OKLAHOMA-DEPARTMENT OF HEALTH

STATE FILE NO 135- **2022-123456**

1. CHILDS NAME (First, Middle, Last, Suffix)		2. DATE OF BIRTH (Month, Day, Year)		3. TIME OF BIRTH		4. SEX	
5a. FACILITY NAME (If not institution, give street and number)		6. CITY, TOWN OR LOCATION OF BIRTH		7. COUNTY OF BIRTH			
5b. PLACE WHERE BIRTH OCCURRED (Check one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Clinic/Dr's Office <input type="checkbox"/> Home Birth => Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify) _____							
8a. ATTENDANT'S NAME AND TITLE NAME: _____ TITLE: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		8b. ATTENDANT'S MAILING ADDRESS Street & Number or Rural Route: _____ City or Town: _____ State: _____ Zip: _____		9. STATE REGISTRAR'S SIGNATURE  10. DATE FILED WITH STATE REGISTRAR (Month, Day, Year) _____			
11a. CERTIFIER'S NAME AND TITLE NAME: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify) <u>UNIT CLERK</u>						11b. DATE CERTIFIED (Month, Day, Year)	
12a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		12b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE		12c. MOTHER'S DATE OF BIRTH (Month, Day, Year)		12d. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country)	
13. MOTHER'S RESIDENCE ADDRESS Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown County: _____ Street & Number: _____ Apartment Number: _____ City: _____ State: OK Zip Code: _____							
14. MOTHER'S MAILING ADDRESS <input checked="" type="checkbox"/> Same as Residence County: _____ Street & Number: _____ Apartment Number: _____ City: _____ State: _____ Zip Code: _____							
15a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		15b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE		15c. FATHER'S DATE OF BIRTH (Month, Day, Year)		15d. FATHER'S BIRTHPLACE (State, Territory, or Foreign Country)	
16a. Permission given to provide Social Security Administration with necessary birth information to issue a Social Security Number?							
16b. Permission given to provide Oklahoma State Department of Health registries (such as Newborn Screening and Immunization) with information necessary to protect and promote the health of Oklahoma citizens?							

VS 152 Revised 2009 C